



Office of Emergency Medical Services and Trauma System

PO BOX 47853, OLYMPIA, WASHINGTON 98504-7853



**TRAINING, CME, AND SKILLS MAINTENANCE DOCUMENTATION**

This form may be used for the documentation of initial training, Continuing Medical Education (CME), Ongoing Training and Evaluation Programs (OTEP), and skills maintenance [Intermediate Life Support (ILS) and Advanced Life Support (ALS) only]. **The documentation and retention of original training completion documents is the responsibility of each certified individual. Complete a separate form for each of the following educational areas: (A) – Initial Training, (B) – CME, (C) – OTEP, or (D) – Skills maintenance.**

(Name) \_\_\_\_\_ has successfully completed:

A. \_\_\_\_\_ Hour Department-approved Initial Training Course for \_\_\_\_\_

B. \_\_\_\_\_ Hours of MPD-approved CME on \_\_\_\_\_

C. OTEP - List each lesson or skill completed below:

\*D. \_\_\_\_\_ Intubations \_\_\_\_\_ IV Insertions \_\_\_\_\_ Other, list: \_\_\_\_\_

Comments:

**NOTE: Required Signatures:** (A)-MPD/delegate, SEI (BLS) or MPD approved ILS/ALS instructor. (B)-MPD/delegate or CME instructor. (C)-MPD/delegate, OTEP instructor (didactic), or EMS evaluator (skills). (D) - MPD/delegate or EMS Evaluator.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Completion Date

\_\_\_\_\_  
Phone Number

\* Enter number completed and "H" for Human or "M" for Mannequin